

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90076 020 ****55.00

DOCUMENT # L06000009337					
1. Entity Name JEFF CARROLL LLC					
Principal Place of Business 765 KENTUCKY ST. DAYTONA BEACH, FL 32114 US			Mailing Address 765 KENTUCKY ST. DAYTONA BEACH, FL 32114 US		
2. Principal Place of Business - No P.O. Box # 765 Kentucky St Suite, Apt. #, etc.		3. Mailing Address 765 Kentucky St Suite, Apt. #, etc.			
City & State Daytona Beach Fla		City & State Daytona Beach, FL		4. FEI Number 03222007 Chg-LLC CR2E083 (12/06)	
Zip 32114		Country Volowisa		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, JEFF 765 KENTUCKY ST. DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name: JEFF CARROLL - LLC Street Address (P.O. Box Number is Not Acceptable): 765 Kentucky St City: Daytona Beach FL Zip Code: 32114	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARROLL, JEFF 765 KENTUCKY ST. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					